

PART B - FEE(S) TRANSMITTAL

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7590 04/03/2007

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Filed via EFS

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,723	07/08/2003	Kathryn C. Zoon	4239-64129	9429

TITLE OF INVENTION: INTERFERON ALPHA HYBRIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/03/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SEHARASEYON, JEGATHEESAN		1647	424-185100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Klarquist Sparkman LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Institutes of Health, Office of Technology Transfer, Suite 325, 6011 Executive Boulevard, Rockville, Maryland 20852

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Date May 21, 2007

Typed or printed name Tanya M. Harding

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